



The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Department of Public Health
250 Washington Street, Boston, MA 02108 -4619

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GOVERNOR

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COMMISSIONER

Application for Full Certification

Early Intervention Specialist

Name (as it will appear on certificate) _____ Date _____

Home Address _____ Phone _____

_____ Zip _____
Work Address _____ Phone _____

_____ Zip _____
Discipline _____

Present Early Intervention Program _____

Education and Training

List below all education and training relevant to applying for certification as an Early Intervention Specialist.

University/College Education

<u>Academic Institution</u>	<u>Major</u>	<u>Degree</u>	<u>Years Attended</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Internship/Practicum Experience

<u>Practicum Site</u>	<u>Affiliated Institution</u>	<u>Dates Attended</u>	<u>Hours/week</u>	<u>Total Hours</u>

Early Intervention Experience

<u>Name of EI Program</u>	<u>Position Held</u>	<u>Dates Employed</u>	<u>Hours/week</u>	<u>Total Hours</u>

Related Experience

<u>Name of Employer</u>	<u>Position Held</u>	<u>Hours/Week</u>	<u>Dates Employed</u>

Other Experience (i.e., research, presentation, parenting a child with special needs, etc. Please describe)

Return completed application to:
Early Intervention CSPD Coordinator
MA Department of Public Health
250 Washington Street, 5th Floor
Boston, MA 02108